

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
AUG 15 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <u>6147</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Joseph</u> <u>Giordano</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>11 Cathy Court</u> City <u>Malverne</u> State <u>New York</u> ZIP Code + 4 <u>11565</u>	4. Name, file number, and address of labor organization. Name <u>I.U.P.A.T. District Council No. 9 AFL-CIO</u> Labor Organization File Number <u>006-770</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>45 West 14th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10011-7419</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u>None.</u> 7.b. Amount. <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____

On 8/15/05
Date

(212) 255-2950
Telephone Number

Name of Person Filing Joseph Giordano	File Number U-
---------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Joint Apprentice and Training Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 45 West 14th Street
City New York
State New York ZIP Code + 4 10011-7419

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Joint Apprentice and Training Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 45 West 14th Street
City New York
State New York ZIP Code + 4 10011-7419

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Lunch meeting with director of training fund.

12.b. Amount.

\$35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

None.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$0

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Drywall Tapers Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 1003

Street 265 West 14th Street

City New York

State New York ZIP Code + 4 10011

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Drywall Tapers Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 1003

Street 265 West 14th Street

City New York

State New York ZIP Code + 4

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Golf outing / dinners during Legislative Conference held in Puerto Rico:

- Golf: \$ 100
- Dinners: \$ 175

12.b. Amount.

\$275

Name of Person Filing Joseph Giordano

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Gould, Kobrick & Schlap, P.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 4309

Street 350 Fifth Avenue

City New York

State New York ZIP Code + 4 10118

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

None.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Attended golf outing and luncheon sponsored by accounting firm:

- Golf: \$ 75
- Lunch: \$ 75

12.b. Amount.

\$150

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Assoc. of Wall, Ceiling & Carpentry - NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 301

Street 125 Jericho Turnpike

City Jericho

State New York ZIP Code + 4 11753

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Attended BBQ sponsored by the Associaton.

12.b. Amount.

\$100

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York ZIP Code + 4 10011

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Amounts paid to investment custodian for the calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$155,054

12.a. Nature of interest held or income received.

Attended golf outing sponsored by Amalgamated Bank.

12.b. Amount.

\$250

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York ZIP Code + 4 10011

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011

11.a. Nature of such dealing.

Amounts paid to investment custodian for the calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$155,054

12.a. Nature of interest held or income received.

Baseball tickets.

12.b. Amount.

256

Name of Person Filing Joseph Giordano

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Assoc. of Wall, Ceiling & Carpentry - NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 301

Street 125 Jericho Turnpike

City Jericho

State New York ZIP Code + 4 11753

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Dinner with spouse and representatives of the Association at the Master Painters convention in Arizona.

12.b. Amount.

\$200

Name of Person Filing Joseph Giordano	File Number U-
---------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Drywall Tapers Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Room 1003</p> <p>Street 265 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Drywall Tapers Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Room 1003</p> <p>Street 265 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Related organization.</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday gift received by wife.</p> <p>12.b. Amount. \$130</p>

Name of Person Filing Joseph Giordano

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York

ZIP Code + 4 10011

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York

ZIP Code + 4 10011

11.a. Nature of such dealing.

Amounts paid to investment custodian for the calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$155,054

12.a. Nature of interest held or income received.

Holiday gift - bottle of liquor.

12.b. Amount.

\$50

Name of Person Filing Joseph Giordano	File Number U-
---------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 15 Union Square</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to investment custodian for the calendar year 2004.</p> <p>11.b. Approximate dollar value of such dealing. \$155,054</p> <p>12.a. Nature of interest held or income received.</p> <p>Baseball tickets.</p> <p>12.b. Amount. \$222</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York ZIP Code + 4 10011

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painting Industry Insurance Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011

11.a. Nature of such dealing.

Amounts paid to investment custodian for the calendar year 2004.

11.b. Approximate dollar value of such dealing.

\$155,054

12.a. Nature of interest held or income received.

Holiday Gift - Blanket.

12.b. Amount.

\$38

Name of Person Filing Joseph Giordano

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Assoc. of Wall, Ceiling & Carpentry - NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 301

Street 125 Jericho Turnpike

City Jericho

State New York ZIP Code + 4 11753

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Dinner at the Master Painters Conference in Arizona to discuss conference activities.

12.b. Amount.

\$150

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Assoc. of Wall, Ceiling & Carpentry - NY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 301

Street 125 Jericho Turnpike

City Jericho

State New York ZIP Code + 4 11753

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Discussion of jurisdictional issues at the Arizona Master Painters Conference over drinks and other refreshments.

12.b. Amount.

\$68

